

Date: November 9, 1995

BQC 95-056

To: Wisconsin Nursing Homes

NH 40

From: Kevin Piper, Director  
Bureau of Health Care Financing

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Bureau of Quality Compliance

Subject: Wisconsin Medicaid New Dental Policy and Nursing Home Residents

## **I. Introduction**

Wisconsin Act 27, Laws, of 1995, the 1995-97 biennial budget, repealed fixed and removable prosthodontics as Wisconsin Medicaid-covered services, effective October 1, 1995. This includes complete dentures, partial dentures, denture relines, denture repairs and fixed prosthodontics. This memorandum explains the impact upon Wisconsin Medicaid recipients who are nursing home residents. Also, this memorandum explains what facilities need to do as a result of this biennial budget change to obtain medically necessary, noncovered dental services for each resident.

The impact on nursing home residents varies, depending on individual resident circumstances which can fall into three groups:

1. Wisconsin Medicaid nursing home residents who have nursing home liability that may be applied to their care
2. Wisconsin Medicaid nursing home residents who, because of spousal impoverishment laws or other deductions from income, may have no nursing home liability amount
3. Wisconsin Medicaid nursing home residents who receive Supplemental Security income (SSI) in the amount of \$30 per month for their personal needs

The nursing home social services department needs to discuss with the resident his or her financial status to determine which source of payment is most appropriate, and inform the business office.

## **II. Wisconsin Medicaid Nursing Home Residents Who Have Nursing Home Liability That May Be Applied To Their Care**

Many nursing home residents have a nursing home liability amount (patient share) to apply toward their nursing home care. This is the amount of an individual resident's income that is available to apply on a monthly basis towards the resident's cost of care.

Since the mid 1980's, Wisconsin Medicaid has allowed nursing homes to cover the cost of noncovered, medically necessary services by a deduction from the individual's nursing home liability amount.

A deduction from an individual resident's nursing home liability amount may be made for noncovered medically necessary prosthodontics if:

- ✓ The provider discussed the services needed with the resident or his or her legal representative.
- ✓ The resident's (or his or her legal representative's) consent was obtained to perform medically necessary, noncovered dental services.
- ✓ The resident (or his or her legal representative's) approval was obtained to contact the nursing home's social services or business office to determine if the individual's nursing home liability will cover payment for the agreed upon dental services.

Some residents may have a nursing home liability amount that is sufficient to cover the costs in one month; other residents may have a nursing home liability amount that may require monthly payments to the dentist. Monthly payment plans, if agreed upon by the resident, resident's family or legal representative, and dentist are acceptable to Wisconsin Medicaid. This does not preclude, on a voluntary basis, the use of family or other contributions toward the total payment or monthly payment plan.

For noncovered dental services U paid from an individual's nursing home liability amount, no charges may be imposed against the personal funds of the resident, his or her family or legal representative.

To cover these medically necessary, noncovered dental services, nursing home must use the "M-7" code on the nursing home claim form. The "M-7" code shows the part of an individual's nursing home liability amount used to pay for medically necessary, noncovered dental services.

Billing for medically necessary, noncovered dental services using the "M-7" code is not a new policy. Refer to previous Bureau of Health Care Financing (BHCF) bulletins for more information on billing for medically necessary, noncovered services, specifically MAPB-086-036C dated September 5, 1986, and MAPB-092-046-C dated March 27, 1992.

### **III. Wisconsin Medicaid Nursing Home Residents Who, Because of Spousal Impoverishment Laws or other Deductions from Income, May Have No Nursing Home Liability Amount**

#### **and**

#### **Wisconsin Medicaid nursing home residents who receive SSI in the amount of \$30 per month for their personal needs**

For these individuals the following situations may occur:

1. If the resident has a personal funds account sufficient enough to pay for the cost of noncovered prosthodontics:

The resident or his/her legal representative must agree in advance that the personal funds may be used for the purchase of the prosthodontics. The resident cannot be required to use the funds for this purchase; there must be an informed agreement by the resident to use the personal funds.

2. If the resident has no personal funds account sufficient to pay for the cost of noncovered prosthodontics but has family who are willing to make the payment:

The family must be informed and agree to the purchase and are not required to do so.

3. If the resident has no personal fund account sufficient to pay for the cost of the noncovered prosthodontics or the resident refuses to use his/her personal fund account for a noncovered prosthodontic purchase and there are no family or significant others willing/able to make payment:

The nursing home under 42 CFR 483.15(g)(1) and HSS 132.68(5)(a), Wis. Admin. Code, through the facility's social services department is required to attempt to obtain these services to "attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident." Such attempts may include contacting fraternal organizations, social service agencies, special endowment funds set aside for indigent persons, etc.

4. If the resident has no personal fund account sufficient to pay for the cost of the noncovered prosthodontics or the resident refuses to use his/her personal fund account for a noncovered prosthodontic purchase and there are no other sources available for funding:

The nursing home has the responsibility to comprehensively assess the resident's needs without the prosthodontic treatment, develop an appropriate care plan to meet those needs, implement the care plan and assess the plan on an ongoing basis to ensure that the resident's needs are met without the prosthodontia treatment. The Bureau of Quality Compliance (BQC) will look at assessment and care planning for dietary, social services and other allied areas to ensure that quality of life is not diminished.

5. The resident has the right to make an informed refusal of prosthodontic treatment under 42 CFR 483.10(b)(4):

The nursing home has the responsibility to comprehensively assess the resident's needs without the prosthodontic treatment, develop an appropriate care plan to meet those needs, implement the care plan and assess the plan on an ongoing basis to ensure that the resident's needs are met.

Refer to BQC numbered Memo BQC-94-042 "Protection of Resident Funds" for further personal funds regulatory information.

#### **IV. If You Have Further Questions**

For questions regarding those residents who have a nursing home liability amount, Section II above, call EDS-Medicaid Fiscal Agent at (800) 947-9627 or (608) 221-9883.

For questions regarding compliance issues as in Section III above, contact your BQC Regional Field Operations Director.

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-Minnesota State Agency  
-WI Coalition for Advocacy  
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-WI Health Info. Mgmt Assn.  
-WI Assn. Of Homes & Serv/Aging  
-St. Med. Society (Comm. Aging...)  
-WI Health Care Association  
-WI Assn. Of Medical Directors  
-Admin., Division of Care and Treatment Facilities  
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